

INLAND COUNTIES EMERGENCY MEDICAL AGENCY



515 N Arrowhead Avenue
San Bernardino CA 92415-0060
(909) 388-5823 Fax (909) 388-5825

DATE: May 16, 2008

TO: Chief Executive Officer
Each San Bernardino County 9-1-1 Receiving Hospital

FROM: Virginia Hastings, Executive Director
Reza Vaezazizi, M.D., Medical Director

**SUBJECT: APPLICATION FOR DESIGNATION AS AN ICEMA APPROVED
STEMI CENTER**

Enclosed are the Inland Counties EMS Agency's **CRITERIA FOR DESIGNATION AS AN APPROVED ST ELEVATION MYOCARDIAL INFARCTION (STEMI) RECEIVING CENTER** and the **APPLICATION FOR DESIGNATION AS A STEMI CENTER**.

The STEMI criteria were developed following several months of collaboration with our hospital and field colleagues. The criteria were reviewed by the Emergency Medical Services Committee on January 17, 2008, and implementation of the STEMI program was approved by ICEMA's Governing Board on April 22, 2008.

Applications must be received by June 30, 2008, at 5:00 p.m. to be considered during the first round of designations. A \$5,000 application fee must be received with the application. Following initial staff review of the application, a team comprised of an interventional cardiologist, an ICEMA nurse, and the ICEMA Medical Director will conduct a site survey at a mutually agreed upon time. Applicant hospitals that hold accreditation by the Society of Chest Pain Centers will not be required to undergo a site survey and, therefore, the application fee is not required.

Hospitals that successfully complete the site survey will be required to enter into Memoranda of Understanding (MOU) with ICEMA's Governing Board. Hospitals submitting an application will be sent the draft MOU to begin review by your facility representatives.

The current implementation timetable follows:

May 16 – June 30, 2008	Receipt and review of applications
July 1 – July 30, 2008	Site surveys and negotiations of MOUs
August 1 – August 22, 2008	Approval of MOU's by ICEMA Governing Board
September 1, 2008	Implementation of 9-1-1 transports to designated STEMI Hospital in accordance with ICEMA protocols

NOTE: Implementation of transport may vary depending upon completion of field provider 12-lead ECG training.

Questions may be directed to Dr. Vaezazizi at rvaezazizi@cao.sbcounty.gov or to Sherri Shimshy, EMS Nurse Specialist, at sshimshy@cao.sbcounty.gov or 909-388-5816.

VH:RZ
Enclosures

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CRITERIA FOR DESIGNATION AS CARDIOVASCULAR ST ELEVATION MYOCARDIAL INFARCTION “STEMI” RECEIVING CENTERS

These standards were developed to ensure, when possible, 9-1-1 patients, meeting defined criteria and evidence of a ST Elevation Myocardial Infarction utilizing a 12 - lead EKG, are transported to a designated STEMI Receiving Center (SRC).

DEFINITIONS

1. STEMI - ST Elevation Myocardial Infarction
2. PCI - Percutaneous Coronary Intervention
3. Cardiovascular STEMI Receiving Center (SRC) - Facilities that have emergency interventional cardiac catheterization capabilities
4. STEMI Referring Centers - Facilities that do not have emergency interventional cardiac catheterization capabilities
5. CQI - Continuous Quality Improvement
6. EMS- Emergency Medical Services
7. CE-Continuous Medical Education

HOSPITAL REQUIREMENTS FOR DESIGNATION AS A CARDIOVASCULAR STEMI RECEIVING CENTER BY ICEMA:

1. Approval by ICEMA as a paramedic receiving hospital which is a full service acute care facility.
2. Licensure by the California Department of Health Services (CDHS) as a Cardiac Catheterization Laboratory.
3. Intra-aortic balloon pump capability
4. Cardiovascular surgical services license issued by CDHS:
This requirement may be waived by the EMS Agency Medical Director when appropriate for patient or system needs. The Medical Director will evaluate conformance with existing American College of Cardiology/American Heart Association or other existing professional guidelines for standards.
5. Communication system for notification of incoming STEMI patients, available 24 hours per day, seven days per week. (i.e. STEMI team paging system)

6. Provision of continuing education opportunities for EMS personnel in areas of 12-lead EKG acquisition and interpretation, as well as assessment and management of STEMI patients.

STAFFING REQUIREMENTS

The hospital must have the following positions designated and filled prior to becoming a SRC:

1. Medical Directors:

The hospital shall designate two physicians as co-directors of its SRC program. One physician shall be a board certified interventional cardiologist with active PCI privileges. The co-director shall be a board certified emergency medicine physician with active privileges to practice in the emergency department.

2. Nursing Director:

The hospital shall designate a SRC Nursing Director who is trained or certified in Critical Care nursing.

3. On-Call Physician Consultants and Staff

Hospital shall maintain a daily roster of the following on-call physician consultants and staff that must be promptly available within 30 minutes of notification:

- a. Cardiologist with percutaneous coronary intervention (PCI) privileges.
- b. Cardiovascular Surgeon, if cardiovascular surgical services are offered.

If cardiovascular surgical services not available in house the facility must have a rapid transfer agreement in place with a facility that provides this service. The agreement must be on file with the local EMS agency. Additionally, the facility must have a rapid transport agreement in place with a local transport agency.

4. Cardiac Catheterization Laboratory team
5. Intra-aortic balloon pump nurse or technologist

STEMI RECEIVING CENTER INTERNAL HOSPITAL POLICIES

The hospital shall develop internal policies for the following situations:

1. Fibrinolytic therapy protocol to be used only in unforeseen circumstances when PCI of an STEMI patient is not possible.
2. Diversion of STEMI patients **only** during times of Internal Disaster in accordance to ICEMA Diversion Policy # 14051 (applies to physical plant breakdown threatening significant patient services or immediate patient safety issues i.e. bomb threat, earthquake damage, hazardous material or safety and security of the facility.) A written notification describing the event must be submitted to ICEMA within 24 hours.
3. Prompt acceptance of STEMI patients from other STEMI referral centers that do not have PCI capability.

STEMI EVALUATION DATA COLLECTION

The following data shall be collected on an on-going basis and available for review by ICEMA:

1. Total number of EMS STEMI patients transported to a designated SRC. (Source data: ICEMA approved patient care record).
2. Total number of EMS STEMI patients that bypass the most accessible receiving hospital (not approved as a SRC) and are transported to a SRC (Source data: base hospital logs).
3. Total number of EMS STEMI patients that received primary PCI (Source data: STEMI center logs).
4. Door to dilation times for primary PCI of all STEMI patients (Source data: STEMI center logs).
5. Total number of patients admitted with the diagnosis of myocardial infarction per year (Source data: STEMI center logs).
6. Total number of PCI procedures performed per year per facility. (Source data: STEMI center logs)

STEMI RECEIVING CENTER CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM

SRC shall develop an on-going CQI program which monitors all aspect of treatment and management of STEMI cardiac patients and identify areas needing improvement. The program must, at a minimum, monitor the following parameters:

1. Morbidity and mortality related to procedural complications.
2. Detail review of cases requiring emergent rescue Coronary Artery Bypass Graft (CABG).
3. Tracking of door-to-dilation time and adherence to minimum performance standards set by this policy.
4. Active participation in ICEMA STEMI CQI Committee activities.

PERFORMANCE STANDARD

In accordance with *D2B: An Alliance for Quality* guidelines, SRCs must achieve and maintain a door-to-balloon time of less than or equal to 90 minutes in 75% of primary PCI patients with STEMI. If this standard is not achieved, SRC may be required to submit an improvement plan to ICEMA addressing the deficiency with steps being taken to remedy the problems.

DESIGNATION PROCESS

1. The Cardiovascular STEMI Receiving Center applicant shall be designated after satisfactory review of written documentation and an initial site survey by ICEMA or its designees and execution of an agreement or Memorandum of Understanding between the hospital and ICEMA.

2. Documentation of current accreditation from The Society of Chest Pain Centers as "Chest Pain Center with PCI" shall be accepted in lieu of a formal site visit by ICEMA.
3. Initial designation as a SRC shall be for a period of two (2) years. Thereafter, re-designation shall occur every four (4) years, contingent upon satisfactory review.
4. Failure to comply with the criteria and performance standards outlined in this policy may result in probation, suspension or rescission of SRC designation.



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Serving San Bernardino, Inyo and Mono Counties
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SAN BERNARDINO, CA 92415-0060
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**APPLICATION FOR APPROVAL AS AN ICEMA DESIGNATED
ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) RECEIVING CENTER**

Please refer to "Criteria for Designation As A STEMI Receiving Center" to assist with completion of this application

Application Fee: \$5,000

I. HOSPITAL INFORMATION

- A. Hospital Name: _____
- B. Address: _____
Number & Street City State Zip
- C. Contact Name: _____
Title
- D. Phone/EMAIL: _____

II. ADMINISTRATION

- A. Name of proposed STEMI Program Co-Medical Director: _____
(please attach resume)
1. Board-certified in Emergency Medicine? Yes ☐ No ☐
2. Board-certified in Cardiology? Yes ☐ No ☐
- B. Name of proposed STEMI Program Co-Medical Director: _____
(please attach resume)
1. Board-certified in Emergency Medicine? Yes ☐ No ☐
2. Board-certified in Cardiology? Yes ☐ No ☐
- C. Name of proposed STEMI Program Nursing Director: _____
(please attach resume)
- Title: _____ Phone #/Email: _____
- D. Catheterization Lab Contact (if different from above):
- Name _____ Title: _____
- Phone #/ _____ Email: _____

III. STEMI CENTER REQUIREMENTS

- A. Is your hospital licensed by the California Department of Health Services and **approved** as a Cardiac Catheterization Laboratory with emergency percutaneous coronary intervention (PCI)? Yes ☐ No ☐
- B. Number of PCIs per year¹ _____
- C. Does your hospital have a license for cardiovascular surgery? Yes ☐ No ☐
- D. Is your hospital currently accredited by the Society of Chest Pain Centers? Yes ☐ No ☐
(please attach current accreditation documentation)
- With PCI accreditation? Yes ☐ No ☐
(please attach current accreditation documentation)
- E. Do you have a cardiovascular surgical call panel? Yes ☐ No ☐
(please complete page 3)
- F. Do you have the capability to place intra-aortic balloon pumps (IABP) **AND** have a technician on-call at all times? Yes ☐ No ☐
- F. Do you have a dedicated and audio recorded phone line, capable of being answered 24 hours per day, seven days per week, for paramedics to notify hospital of incoming STEMI patients? Yes ☐ No ☐

IV. POLICIES

- A. Do you have policies on the treatment of myocardial infarction that define who shall receive emergent angiography and who shall receive emergent fibrinolysis? Yes ☐ No ☐
(please attach)
- B. Does your policy include diversion of STEMI patients **ONLY** during times of Internal Disaster designation? (please attach) Yes ☐ No ☐
- C. Do you have a policy regarding prompt acceptance of STEMI patients from other STEMI referral centers that do not have PCI capability? (please attach) Yes ☐ No ☐
- D. Do you have data and quality improvement policies that meet the requirements set forth in the “**Criteria for Designation As A STEMI Receiving Center**”? Yes ☐ No ☐
(please attach)
- E. Do you agree to provide continuing education opportunities for EMS personnel in areas of 12 lead EKG acquisition and interpretation, as well as assessment and management of STEMI patients? Yes ☐ No ☐

¹ PCI will be defined as a therapeutic coronary intervention such as angioplasty, stent placement, etc.

² Total personally performed therapeutic PCIs per year at all institutions, not just this center. This would include any PCI as defined above and not restricted to acute myocardial infarction.

On behalf of the above named hospital and physicians, I agree to all provisions identified in the *"Criteria for Designation As A STEMI Receiving Center"*.

Signature: _____

Chief Executive Officer

Chief Cardiologist

Print Name: _____

LIST OF CARDIOLOGISTS WITH PCI CAPABILITIES PROPOSED FOR CALL FOR EMS DELIVERED PATIENTS

<u>Physician Name</u>	<u>Hospitals Privileged for PCI</u>	<u>PCIs per year</u>

LIST OF CARDIOVASCULAR SURGEONS PROPOSED FOR CALL FOR EMS DELIVERED PATIENTS

Submit the completed application and fee to ICEMA at the address listed, attention to Sherri Shimshy RN. Direct any questions to her at 909-388-5816 or SShimshy@cao.sbcounty.gov.